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FACSIMILE COVER SHEET

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| TO: | Examiner Tadesse Haihu Group Art Unit 2173 United States Patent and Trademark Office | | |
| FROM: | Carole A. Quinn, Reg. No. 39,000 | | |
| RE: | U.S. Application No. 09/559,455 Attorney Docket No. 03500.014455 | | |
| FAX NO.: | (703) 746-7238 | | |
| DATE: | August 4, 2003 | NO. OF PAGES: | 21 <small>(including cover page)</small> |
| TIME: | 3:00 PM | SENT BY: | MMB |

FORMAL PAPERS

Attachments:

- 1.) Amendment After Final Rejection Transmittal (2 pages)
- 2.) Amendment After Final Rejection (18 pages)

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In re Application of:

Docket No. 03500.014455.

HARUO MACHIDA

Application No.: 09/559,455

Examiner: Tadesse Hailu

Filed: April 28, 2003

Group Art Unit: 2173

For: DATA PROCESSING APPARATUS, DATA
PROCESSING METHOD AND STORAGE MEDIUM
STORING COMPUTER-READABLE PROGRAM

Date: August 4, 2003

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MAIL STOP AF
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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

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| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 45 | MINUS | ** 74 | = 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 6 | MINUS | *** 9 | = 0 | x \$42 \$84 | 0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 31,000

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